Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2010AGC	A. BUILDING _____ B. WING _____	06/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST PAULS HOME CARE	1500 MANHATTAN ST RENO, NV 89512

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation conducted in your facility from 6/9/09 to 6/26/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was four. Four resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. Complaint #NV00022228 was substantiated. See Tag Y085.	Y 000		
Y 026 SS=G	449.190(3) Contents of License-Multiple Types NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. This Regulation is not met as evidenced by:	Y 026		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	Continued From page 1 Based on observation, record review and interview on 6/9/09 to 6/24/09, the facility was caring for 1 of 4 persons with mental illnesses without an endorsement and failed to obtain the necessary training to care for such persons (Resident #1). Findings include: On arrival to the facility at 9:05 AM, an older Asian male met the survey team at the front door and reported the owner was not in the home. He stated a resident left the facility on her own in a wheelchair and the owner followed the resident down the street to try to bring her back. He related that the resident was hitting the owner and the police had been called. This surveyor walked in the direction indicated by the Asian male, rounded the corner and saw Resident #1 midway down the block and the owner and two male residents. The owner was trying to talk to the resident but the resident was talking over her about multiple topics including communism, the chinese, about not trusting anyone, that the person using her name was dead and she was not that person. A police unit arrived and took over the situation. The police officer asked the owner for a contact number for the resident's guardian; the owner and I returned to the facility to call the guardian. Resident #1's guardian informed the police the resident was a guardian of the State and she was not allowed to leave the facility on her own. The owner reported to the guardian the resident had received her morning medications. The guardian tried to talk to the resident over the phone but the resident was talking over the guardian and refused to listen to her. The guardian gave the	Y 026		

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Y 026	Continued From page 2 police permission to transfer Resident #1 to Renown Hospital with a referral to Northern Nevada Mental Health for an evaluation of the resident's medications. Resident #1 moved to this facility on 4/30/09 from another adult group care facility that did not have a mental illness endorsement. The owner reported she has a license endorsement for mental retardation so she thought she could take residents with mental illness. The resident has diagnoses of schioaffective disorder, biploar disorder, and borderline personality disorder. Her medications include Zyprexa (an antipsychotic), Lisinopril (for high blood pressure), Omeprozole and Trileptal (for seizures). Resident #1 was observed sitting and smoking on the front porch of the facility on 6/24/09 and 6/26/09. The resident was talking aloud to no one in particular but was not speaking or acting agressively toward staff or other residents. Severity: 3 Scope: 1	Y 026		
Y 172 SS=D	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility.	Y 172		

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Y 172	Continued From page 3 This Regulation is not met as evidenced by: Based on observation on 6/9/09, the facility did not ensure all outside garbage containers were provided with a lid and kept reasonably clean. Severity: 2 Scope: 1	Y 172		
Y 320 SS=D	449.220(1) Bedroom Doors - Locks NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by: Based on observation on 6/9/09, the facility failed to ensure 1 of 5 bedroom door locks could be opened with a single motion. (Bedroom #5) Severity: 2 Scope: 1	Y 320		
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 6/9/09, the facility failed to ensure the facility fire extinguishers were	Y 435		

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Y 435	Continued From page 4 inspected annually. The charge indicator on the fire extinguishers showed they were charged but they were last inspected on 5/7/08. Severity: 1 Scope: 3	Y 435		
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on interviews and record reviews on 6/9/09, the facility did not ensure 1 of 4 residents received a medication as ordered by a physician. (Resident #2) Findings include: Resident #2 was admitted to the facility on 11/20/08 with diagnoses of a Vitamin B12 deficiency and dementia. The resident was prescribed Cyanocobalam 1000 micrograms per milliliter (mcg/ml), 1 ml to be injected intramuscularly every month. The resident's medication basket contained three vials of this	Y 878		

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Y 878	Continued From page 5 medication: a 10ml vial for 10 doses filled on 12/12/08 that was 3/4 full, 2-1ml vials each for one dose filled on 1/24/09 and 4/15/09 that were full and had not been opened. Resident #2's medication administration records (MAR) for June, May, April and March 2009 listed the Vitamin B12 but there were no initials showing the medication had been given. The owner reported the medication was not given to the resident by the caregivers; the resident's physician injected the resident with the medication when he visited the resident at the facility. Review of Resident #2's physician visit reports revealed the doctor came to the facility on 1/15/09 and 4/19/09. The 4/19/09 report indicated the physician would do a follow up visit in three months. There was no evidence the resident saw his physician or received the Vitamin B12 shots in February, March, May or June of 2009. Resident #2 was interviewed in his room on 6/6/09. The resident was able to related that he was not giving himself the shots. He could not remember the last time he got a Vitamin B12 shot but thought he was getting them every month. Severity: 3 Scope: 1	Y 878		